

IMPLEMENTATION GUIDE

Improving Knowledge, Risk Perception, and Risk Communication Among Colorectal Adenoma Patients

*Using an Evidence-Informed Program to develop
a process model for program delivery in the practice setting*

Note: Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs” and the handouts in Modules 4 and 5 to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at
http://cancercontrol.cancer.gov/use_what_works/start.htm.

To receive training on “Using What Works,” contact the NCI Cancer Information Service and speak to a Partnership Program Representative in your area. This information is available online at <http://cancercontrolplanet.cancer.gov/partners/index.jsp?cctopic=C>.

I. Program Administration (Type of Staffing and Functions Needed)

Interventionist

- Show all patients with a polyp the Bedside PowerPoint Intervention presentation.
- Mail Patient Letter to patients with an adenoma polyp.

II. Program Delivery

For additional information on modifying program materials, refer to Module 4, Handouts #2 and #6 in “Using What Works”: Adaptation Guidelines and Case Study Application.

A. Program Materials (All listed materials can be viewed and/or downloaded from the Products Page):

- **Bedside PowerPoint Intervention:** This six-slide presentation includes pictures and text with colorful cartoons and actual endoscopic pictures and descriptions of the two main types of polyps, adenomas and nonneoplastic hyperplastic polyps. The presentation elaborates on the relationship between adenomas and colorectal cancer, the importance for continued surveillance, and the need for communication with at-risk family members.
- **Patient Letter:** This one-page document reinforces the information presented in the Bedtime PowerPoint Intervention and incorporates customized information on the basis of the subject’s age, family history, and physician’s recommendations for follow-up. The letter

is cosigned by the patient's gastroenterologist and includes a picture of the patient's polyp before and after it was removed, clearly describing it as a precancerous adenomatous polyp.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: After recovery from sedation from the colonoscopy, the interventionist shares the Bedside PowerPoint Intervention with patients who had a colorectal polyp.

Step 2: If pathology reveals that a patient's polyp was an adenoma, the interventionist collects customized information (pictures from the colonoscopy), which is included in the Patient Letter sent to the patient by postal mail within 4 weeks of the colonoscopy.

III. Program Evaluation

For additional information on planning and adapting an evaluation, refer to Handouts #2-8 in Module 5 of "Using What Works."

For further assistance in designing and conducting an evaluation, go to the Cancer Control P.L.A.N.E.T. Web site and see Step 2: Identify potential partners to find a research partner in your area. This information is available online at <http://cancercontrolplanet.cancer.gov/partners/researcher.jsp?cctopic=0>.